

**MONTANA STATE ELECTRICAL BOARD**

PO Box 200513  
301 South Park Ave, 4th Floor  
Helena MT 59620 - 0513  
Phone: (406) 841-2339 Fax: (406) 841-2309  
E-mail: [dlibsdele@mt.gov](mailto:dlibsdele@mt.gov)  
Website: <http://www.electrician.mt.gov>

ILLEGIBLE AND INCOMPLETE APPLICATIONS WILL BE RETURNED.  
(Please allow 14 days for processing from the date that the Board has a complete application)

APPLICATION FOR: ☐ JOURNEYMAN ELECTRICIAN ☐ RESIDENTIAL ELECTRICIAN

Method of Application - Please check only one (see instructions for details)

BY: ☐ Apprenticeship Completion ☐ Hours of Experience ☐ 10 Year Statement  
(37-68-314 MCA)  
☐ Exam ☐ Reciprocity ☐ Endorsement

Fees: 120.00 Application by exam \$125.00 Application by reciprocity or endorsement

☐ \$20.00 Temporary journeyman work permit (fee is in addition to application fee)

Payment: ☐ check or money order ☐ e-check or credit card (Master Card or Visa only)

Social Security Number \_\_\_\_\_

Full Name \_\_\_\_\_  
Last First Middle

Other Name(s) Known By \_\_\_\_\_

Gender \_\_\_\_\_ Date of Birth \_\_\_\_\_ E-mail Address \_\_\_\_\_

Please indicate you preferred mailing address

☐ Home ☐ Business

Residential Information

Phone \_\_\_\_\_

Fax \_\_\_\_\_

Address \_\_\_\_\_

Zip Code \_\_\_\_\_

City, State \_\_\_\_\_

Business (Present Employer) Information

Phone \_\_\_\_\_

Fax \_\_\_\_\_

Address \_\_\_\_\_

Zip Code \_\_\_\_\_

City, State \_\_\_\_\_

Business Name \_\_\_\_\_

1. LICENSURE INFORMATION: All applicants must answer the following questions.

- a. Have you ever applied for or taken a Montana electrical examination? ☐ Yes ☐ No

Type of Exam: \_\_\_\_\_

- b. If taking an examination, do you have any physical or mental impairment(s) requiring special accommodation(s)? If yes, you will need to complete a "Request for Modification of Electrical Exam" form and submit a letter from your physician detailing what accommodation is needed. Forms are available on our website at [www.electrician.mt.gov](http://www.electrician.mt.gov) ☐ Yes ☐ No

- c. List all State issued electrician licenses granted to you.  
**\*\*Attach a copy of each Active license.**

State or City	License Number	Issue Date	Expiration Date	License Method	Active
				<input type="checkbox"/> Exam <input type="checkbox"/> Endorse <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Exam <input type="checkbox"/> Endorse <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Exam <input type="checkbox"/> Endorse <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Exam <input type="checkbox"/> Endorse <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Exam <input type="checkbox"/> Endorse <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Exam <input type="checkbox"/> Endorse <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No

2. RECIPROCAL STATES: AK, AR, CO, ID, MN, ND, NE, NH, NM, OR, OK, SD, UT, WY

(Board staff will obtain a license verification from these states.) Conditions of reciprocity are that your license is currently active, in good standing, and the license has been held for 1 year from a reciprocal exam State listed above. (You will **not** need to submit the Experience Verification Affidavit form with your application)

ENDORSEMENT STATES: AL, CT, HI, MA, ME, MI, RI, TX, VA, VT, WA (District of Columbia), WV, WA  
(You will be responsible for obtaining a license verification from these states.) Include the verification with your application. Conditions of endorsement are that your license is currently active, held at least one year, obtained by state exam with an exam score of 75% or greater and do not have any active complaints against your license. (You will **not** need to submit the Experience Verification Affidavit form with your application.)

3. APPRENTICESHIP INFORMATION:

- a. Did you complete an apprenticeship?  
If yes, attach apprenticeship completion certificate. (You will **not** need to submit the Experience Verification Affidavit form with your application.) ☐ Yes ☐ No

- b. Did you complete a union sponsored apprenticeship  
If yes, attach union travel letter stating when you completed the apprenticeship per 37-68-314 MCA. (You will **not** need to submit the Experience Verification Affidavit form with your application.) ☐ Yes ☐ No

**All applicants must answer the following questions.**

If you answer “**yes**”, provide a detailed explanation on a separate sheet of paper:

YES NO

- |     |  |                          |                          |
|-----|--|--------------------------|--------------------------|
| 1.  | Have you ever had an application for a professional or occupational license refused or denied? If yes, please attach a detailed explanation and provide supporting documentation from the source.  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.  | Have you ever withdrawn an application for licensure prior to the licensing agency's decision regarding your application? If yes, please attach a detailed explanation and provide supporting documentation from the source.   | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.  | Has a licensing agency initiated or completed disciplinary action against any professional or occupational license you have held? If yes, please provide agency documents including the complaint, initiating documents, orders, final orders, stipulations and consent and/or settlement agreements directly from the source.   | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.  | Have you ever voluntarily surrendered, cancelled, forfeited, failed to renew a professional or occupation license in anticipation of or during an investigation or disciplinary proceedings or action? If yes, please attach a detailed explanation and provide supporting documentation from the source.  | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.  | Has a complaint ever been made against you with a professional or occupational licensing agency? If yes, please attach a detailed explanation and provide supporting documentation from the source.  | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.  | Have any civil legal proceedings been filed against you by a (patient/client), (former patient/client) or employer/employee? If yes, attach a detailed explanation and documentation from the source including initiating document(s) and documentation of final disposition.  | <input type="checkbox"/> | <input type="checkbox"/> |
| 7.  | Do you have any criminal charges pending or have you ever pled guilty, forfeited bond, or been convicted of a crime (whether or not sentence was suspended or deferred), or have you pled no contest or had prosecution deferred whether or not an appeal is pending? If yes, attach a detailed explanation and documentation from the source. You must report but may omit documentation for: (1) misdemeanor traffic violations resulting in fines of less than \$100; and (2) charges or convictions prior to your 18 <sup>th</sup> birthday unless you were tried as an adult. | <input type="checkbox"/> | <input type="checkbox"/> |
| 8.  | Have you ever been diagnosed with chemical dependency or another addiction, or have you participated in a chemical dependency or other addiction treatment program? If yes, please attach a detailed explanation and provide documentation regarding evaluations, diagnosis, treatment recommendations and monitoring from the source.   | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.  | Have you ever been diagnosed with a physical condition or mental health disorder involving potential health risk to the public? If yes, please provide a detailed explanation.   | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. | Have you ever been courts martial or discharged other than honorably from any branch of the armed service? If yes, attach a detailed explanation and documentation for the source.   | <input type="checkbox"/> | <input type="checkbox"/> |

I authorize the release of information concerning my education, training, record, character, license history and competence to practice, by anyone who might possess such information, to the Montana State Electrical Board.

I hereby declare under penalty of perjury the information included in my application to be true and complete to the best of my knowledge. In signing this application, I am aware that a false statement or evasive answer to any question may lead to denial of my application or subsequent revocation of licensure on ethical grounds. I have read and am familiar with the applicable licensure laws of the State of Montana and instructions to applicants for licensing. I accept the rules and procedures outlined in these documents as the basis for my application.

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Legal Signature of Applicant

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Date

**MONTANA STATE ELECTRICAL BOARD**  
**POB 200513**  
**HELENA, MT 59620-0513**

**JOURNEYMAN / RESIDENTIAL EXPERIENCE VERIFICATION AFFIDAVIT**

Make a copy of this form for each employer you want to be considered for verification. This form must be returned to the above address before application will be considered. All fields must be completed.

**\*\*This form requires third party verification.**

1. Name of applicant: \_\_\_\_\_  
Last First Mi

Applicant address: \_\_\_\_\_  
City State Zipcode

2. Name of Electrical Contracting Business who employed the above applicant:

\_\_\_\_\_  
Please print name of firm, partnership or corporation

Address of employer: \_\_\_\_\_  
City State Zip

Phone # of Contractor: \_\_\_\_\_

3. Position held by the above applicant: \_\_\_\_\_

4. Dates of employment: from \_\_\_\_\_ to \_\_\_\_\_

5. Breakdown of legally obtained hours of practical experience: (MUST BE COMPLETED)  
**Please see 37-68-304 MCA, 37-68-314 MCA and 24.141.501 ARM for specific requirements.**

List the State(s) the hours were obtained: \_\_\_\_\_

Residential Hours: \_\_\_\_\_

Commercial/Industrial/Institutional Hours: \_\_\_\_\_

6. Was this person in a registered apprenticeship program while under your employment?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

7. Union records are not acceptable verification of hours. Hours must be verified by an employer.

I HEREBY CERTIFY THE ABOVE TIMES AND DATES OF EMPLOYMENT, THE TYPE OF ELECTRICAL WORK PERFORMED DURING THE APPLICANT'S EMPLOYMENT AND THE INFORMATION IS TRUE AND CORRECT.

\_\_\_\_\_  
Signature of Employer

\_\_\_\_\_  
Date

For this service the Business Standards Division now accepts credit card payments using either Master Card or Visa or an electronic check **(please do not send cash)**. You may fill in the appropriate form below to submit payments. **This document will be destroyed after the payment is processed.** For a complete list of services for which the division accepts credit card payments or e-checks, please see: <http://discoveringmontana.com/dli/bsd/forms.asp>.

Please check method of payment:

☐ **Visa**                      ☐ **MasterCard**                      Amount to be billed:

Credit Card #:

Expiration Date: /

Name of person or business on Card: \_\_\_\_\_

**Important:** This transaction will appear on your credit card statement as: **Discoveringmontana-SC.**

☐ **Checking**    or    ☐ **Savings**

☐ **E-Check**

Name (First, Last): \_\_\_\_\_

Name of Bank: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Amount to be billed:

**Important:** This transaction will appear on your bank statement as an electronic transaction with the words: **Montana Interact BSD-VT.**



PAID FOR (NAME OF APPLICANT):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

LICENSE TYPE:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If faxing an application, please use a black pen only.

Fax (406) 841-2309

To view if a license has been issued, please go to [www.licenselookup.mt.gov](http://www.licenselookup.mt.gov)

## **ATTENTION APPLICANT:**

**NON-ROUTINE APPLICATIONS ARE REVIEWED BY THE STATE ELECTRICAL BOARD FOUR TIMES PER YEAR.**

**A NON-ROUTINE APPLICATION MEANS THAT THE APPLICANT HAS ONE OR MORE OF THE FOLLOWING:**

- 1. HAS PENDING OR COMPLETED DISCIPLINARY ACTION**
- 2. RESTRICTION BY TERMS OR CONDITIONS OF A FINAL ORDER IN A DISCIPLINARY MATTER.**
- 3. REQUIRED TO SUBMIT MATERIALS SUCH AS LETTERS FROM EMPLOYERS THAT REQUIRE PROFESSIONAL EVALUATION BY THE BOARD.**
- 4. LOSS OF DOCUMENTATION DUE TO A NATURAL DISASTER OR NATURAL EMERGENCY.**

To view the specific definition of a non-routine application per Montana Administrative Rule 24.101.402, please go to our website at [www.electrician.mt.gov](http://www.electrician.mt.gov) .

The Board office will contact an applicant if the application will require Board review.

## **APPLICATION DEADLINES FOR NON-ROUTINE APPLICATIONS ARE:**

**September 24, 2008 for October 09, 2008 Board Meeting Date**

**December 24, 2008 for January 08, 2009 Board Meeting Date**

**March 25, 2009 for April 09, 2009 Board Meeting Date**

**June 24, 2009 for July 09, 2009 Board Meeting Date**

**September 23, 2009 for October 08, 2009 Board Meeting Date**

**ROUTINE APPLICATIONS DO NOT NEED BOARD REVIEW.**

**PLEASE DO NOT SUBMIT THIS PAGE WITH YOUR APPLICATION**